

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1955

27691
State File No. 7009

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3823 Washington</u>				d. STREET ADDRESS (If rural, give location) <u>19</u> <u>3823 Washington</u>			
3. NAME OF DECEASED (Type or Print) <u>JOE</u>		a. (First) _____		b. (Middle) <u>GAINES</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1955</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 23 1893</u>	9. AGE (In years last birthday) <u>61</u>	# UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	# UNDER 1 YEAR Hours _____ Mins. _____	# UNDER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MIL</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MISS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOE GAINES</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE B. GAINES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Ronald Gaines</u>			
				ADDRESS <u>3823 WASHING</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural hemorrhage; suffered in fall from ledge of porch in front of his home at 3823 Washington Ave., on August 8, 1955, about 4:55 PM. ACCIDENT.</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>000</u> <u>9020</u> <u>20</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:55 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ronald Gaines</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8/10/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO</u>	
DATE REC'D BY LOCAL <u>AUG 11 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Walters</u>		ADDRESS <u>2007 Stead</u>	

5-1 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arthur L. Heilbard

Licensed Embalmer No.

4221

P. O. Address

4109 Penn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.